12-30-0

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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/648,007	08/25/2003	Darren R. Sherman	212/503	3342

TITLE OF INVENTION: CHEST COMPRESSION DEVICE WITH ELECTRO-STIMULATION

APPLN. TYPE	SMALL ENTITY	L ENTITY ISSUE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YĖS	\$700		\$300	\$1000	02/22/2006	
EXAMINER A DEMILLE, DANTON D		ART UN	IT	CLASS-SUBCLASS 601-044000]		
		3764			•		
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	r Corporation	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee of this form is NOT	(1) the na or agents (2) the na register 2 register (listed, no of the PATEN data will app f a substitute (control of the PATEN data will app f a substitute (c	pear on the patent. If an assign for filing an assignment. DE: (CITY and STATE OR COLUMN CALL)	nee is identified below, the country)	•	
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Authorized Signature	ords of the United States Pate K. David C		Office.		ecember 29 No. 34,311		

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